

VIA FACSIMILE: 1-571-273-8300

Atty. Docket No. GEN10 P-453

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Prabodh M. Dharja  
Group Art Unit : 2673  
Appln. No. : 10/775,434  
Filing Date : February 10, 2004  
Applicants : John K. Roberts et al.  
For : VEHICLE INFORMATION DISPLAYS  
Confirmation No. : 9417

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims as Amended Form
2. Request For Reconsideration
3. Supplemental IDS Cover Page
4. Supplemental IDS

YOU SHOULD RECEIVE A TOTAL OF 16 PAGES.

11/10/05  
Date

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Attorney Docket No. GEN10 P-453

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Dear Sir:

Enclosed is a Request for Reconsideration in response to the Office Action dated August 10, 2005.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

|   | Col. 1                           |       | Col. 2                          | Col. 3        | Small Entity |           | Other Than A Small Entity |           |
|---|----------------------------------|-------|---------------------------------|---------------|--------------|-----------|---------------------------|-----------|
|   | Claims Remaining After Amendment |       | Highest No. Previously Paid For | Present Extra | Rate         | Add'l Fee | Rate                      | Add'l Fee |
| Total Claims  | *30                              | Minus | **30                            | -00           | x \$25       | \$00      | x \$50                    | \$ 00     |
| Independent Claims                                    | *10                              | Minus | **10                            | =00           | x \$100      | \$00      | x \$200                   | \$ 00     |
| First Presentation of Multiple Dependent Claims \$180 |                                  |       |                                 |               |              | \$00      | x \$360                   | \$00      |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT               |                                  |       |                                 |               |              | \$00      |                           | \$000     |

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

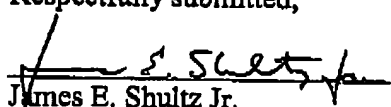
*Attorney Docket No. GEN10 P-453*

\*\*\*\* The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
4. ☐ Charge Terminal Disclaimer Fee under 37 CFR 1.20(d) in the amount of \_\_\_\_\_ to Deposit Account 07-1070.
5. ☒ Please charge all fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Date: November 10, 2005

Respectfully submitted,

  
James E. Shultz Jr.

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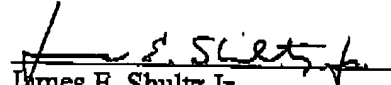
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